

<b>Case Number:</b>	CM14-0176991		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; psychological counseling; and work restrictions. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for eight sessions of physical therapy, noting that the applicant had had unknown amounts of physical therapy over the course of the claim. The claims administrator stated that it was basing its decision on MTUS guidelines but did not incorporate the same into its report. In an October 9, 2014 progress note, the applicant reported 6/10 mid and low back pain radiating to the bilateral lower extremities, left greater than right. The applicant was reportedly using Naprosyn, Flexeril, Prilosec, and massage therapy. A TENS unit was also being employed. The applicant was having issues with financial stressors but was apparently receiving both [REDACTED] benefits, benefits through his union, and [REDACTED] benefits. The applicant was given prescriptions of Fenoprofen, Neurontin, and TENS unit patches. In one section of the note, it was stated that Naprosyn was unavailable to be dispensed while another section of the note stated that the applicant should continue using Naprosyn. Eight sessions of physical therapy were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy, Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 8 to 10 sessions of physical therapy for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant is receiving both [REDACTED] benefits and [REDACTED] benefits. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Flexeril, Naprosyn, Fenoprofen, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional Physical Therapy is not medically necessary.